POLICY ON SAFEGUARDING IN RESEARCH PROJECTS



UNIVERSITY OF CHILD HEALTH SCIENCES, LAHORE

Policy on Safeguarding in Research Projects	
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POLICY ON SAFEGUARDING IN RESEARCH PROJECTS

1. Purpose

The purpose of this policy is to protect people, particularly children, at risk adults and other research participants, from any harm that may be caused due to their coming into contact with University of Child Health Sciences, Lahore (UCHS). This includes any harm arising from:

a. The conduct of staff or personnel associated with UCHS

b. The design and implementation of UCHS's programmes and activities

The policy lays out the commitments made by UCHS, and informs staff and associated personnel of their responsibilities in relation to safeguarding.

This policy does not cover:

a. Sexual harassment in the workplace –this is dealt with Harassment Policy

b. Safeguardingconcernsinthewidercommunitynotperpetratedby UCHSorassociatedpersonnel

2. What is Safeguarding?

Safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.

3. Scope

a. All staff of UCHS (whether on Contract or Regular Employment)

b. Associated personnel whilst engaged with work or visits related to UCHS, including but not limited to the following: consultants; faculty; staff; residents; students; volunteers; contractors; programmes visitors including journalists, celebrities and politicians.

4. Policy Statement

UCHS believes that everyone who come into contact with the university, regardless of age, gender identity, disability, sexual orientation or ethnic origin, has the right to be protected from all forms of harm, abuse, neglect and exploitation. UCHS will not tolerate abuse and exploitation by staff or associated personnel.

UCHS commits to addressing safeguarding throughout its work, through the three pillars of prevention, reporting and response.

5. Prevention

5.1. UCHS responsibilities

5.1.1. Ensure all staff have access to, are familiar with, and know their responsibilities with reference to this policy

5.1.2. Design and undertake all its programmes and activities in a way which should

protect people from any risk of harm that may arise from their coming into contact with UCHS.

5.1.3. Implement stringent safeguarding procedures when recruiting, managing and deploying staff and associated personnel

5.1.4. Ensure staff receive training on safeguarding at a level commensurate with their role in the organization

5.1.5. Follow upon reports of safeguarding concerns promptly and according to due process

5.2. **Staff responsibilities**

5.2.1. Child safeguarding:

UCHS staff and associated personnel must not

a. Sexually abuse or exploit children

b. Subject a child to physical, emotional or psychological abuse, or neglect

c. Engageincommerciallyexploitativeactivitieswithchildrenincludingchildlabourortrafficking

5.2.2. Adult safeguarding:

UCHS staff and associated personnel must not

a. Sexually abuse or exploit at risk adults

b. Subject an at risk adult to physical, emotional or psychological abuse, or neglect

5.2.3. Protection from sexual exploitation and abuse:

UCHS staff and associated personnel must not

a. Exchange money, employment, goods or services for sexual activity. This includes any exchange of assistance that is due to beneficiaries of assistance

b. Engage in any sexual relationships with beneficiaries of assistance, since they are based on inherently unequal power dynamics

5.2.4. Additionally, UCHS staff and associated personnel are obliged to:

a. Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of the Safeguarding Policy

b. Report any concerns or suspicions regarding safeguarding violations by UCHS staff member or associated personnel to the appropriate staff member

6. Enabling Reports

UCHS will ensure that safe, appropriate, accessible means of reporting safeguarding concerns are made available to staff and the communities. Any staff reporting concerns or complaints through formal whistle blowing channels (or if they request it) will be protected by UCHS's

Disclosure of Malpractice in the Workplace Policy. UCHS will also accept complaints from external sources such as members of the public, partners and official bodies.

7. How to report a Safeguarding Concern?

Staff members who have a complaint or concern relating to safeguarding should report it immediately to their Safeguarding Focal Point (Director ORIC or a person designated by Vice Chancellor).

8. Response

8.1. UCHS will follow up safeguarding reports and concerns according to policy and procedure, and legal and statutory obligations.

8.2. UCHS will apply appropriate disciplinary measures to staff found in breach of policy.

8.3. UCHS will offer support to survivors of harm caused by staff or associated personnel, regardless of whether a formal internal response is carried out (such as an internal investigation). Decisions regarding support will be led by the survivor.

9. Confidentiality

It is essential that confidentiality is maintained at all stages of the process when dealing with safeguarding concerns. Information relating to the concern and subsequent case management should be shared on a need-to-know basis only, and should be kept secure at all times.

SAFEGUARDING IN RESEARCH

This policy has been prepared to advise researchers on the steps to take when considering safeguarding in their research, and should be considered by researchers as part of the research design process. The University of Child Health Sciences Lahore (UCHS) recognizes that research activities have the potential to raise specific issues and areas of concern. This policy pulls together best practice and key guidance to assist in the development of a strong safeguarding approach.

Human research, and research involving volunteers or fieldworkers, is particularly likely to raise safeguarding concerns, and special attention should be paid to the guidance in such cases. A robust safeguarding approach involves identifying and mitigating risk as far as possible, ensuring an awareness of appropriate reporting procedures and embedding these within the research project, and fully considering the underlying principles of safeguarding, including the balancing of power dynamics and protection of the vulnerable. All employees of university are bound to strictly adhere to the Code of Conduct on Safeguarding.

1. Code of Conduct

1.1. Introduction

In keeping with its vision and values, UCHS is committed to maintaining the highest degree of ethical conduct amongst all its staff and associated personnel. To help increase understanding, this Code of Conduct details UCHS's expectations of employees in key areas.

1.2. Scope

This Code of Conduct applies to all the staff, international and local, employed by UCHS. Adapted Codes of Conduct are applicable to volunteers, partners, contractors and suppliers.

1.3. Purpose

The purpose of this Code of Conduct is to set out the conduct expected from UCHS staff whilst under contract to the organization, and forms part of all contracts of employment. The Code is applicable at all times. Breaches of the Code of Conduct are grounds for disciplinary action, up to and including dismissal from the service.

UCHS is a Public Sector Educational Institution, and therefore the Code of Conduct is developed from national, international and UN standards.

1.4. Code of Conduct Standards for Employees

Asan employee of UCHS:

1.4.1. I will uphold the integrity and reputation of UCHS by ensuring that my professional and personal conduct is consistent with UCHS's values and standards

a. I will treat all people fairly with respect and dignity

b. When working in an international context or travelling internationally on behalf of UCHS, I will be observant of all local laws and be sensitive to local customs

c. I will seek to ensure that my conduct does not bring UCHS into disrepute and does not impact on or undermine my ability to undertake the role for which I am employed

d. I will not work under the influence of alcohol or use, or be in possession of, illegal substances on UCHS premises or accommodation

1.4.2. I will not be engaged in abusive or exploitative conduct

a. I will not engage in sexual activity with children (persons under the age of1 8). Mistaken belief in the age of a child is not a defense.

b. I will not involve myself in exchange of money, employment, goods or services for sex, including sexual favour or other forms of humiliating, degrading or exploitative behaviour. This includes any exchange of assistance that is due to beneficiaries of assistance.

c. I will not engage in sexual relationships with beneficiaries of assistance, since they are based on inherently unequal power dynamics.

d. I will not engage in any commercially exploitative activities with children or vulnerable adults including child labour or trafficking.

e. I will not physically assault a child or vulnerable adult.

f. I will not emotionally or psychologically abuse a child or vulnerable adult.

1.4.3. I will ensure the safety, health and welfare of all UCHS staff members and associated personnel (volunteers, partners, suppliers and contractors)

a. I will adhere to all legal and organizational health and safety requirements in force at my place of work.

b. I will comply with any local security guidelines and be pro-active in informing management of any necessary changes to such guidelines.

c. I will behave in a manner such as to avoid any unnecessary risk to the safety, health and welfare of myself and others, including partner organizations and communities with whom we work.

1.4.4. I will be responsible for the use of information, assets and resources to which I have access by reason of my employment with UCHS

a. I will ensure that I use UCHS's assets and resources entrusted to me in a responsible manner and will account for all money and property.

b. I will not use UCHS's IT equipment, software or e-mail and social media platforms to engage in activity that is illegal under local or international law or that encourages conduct that would constitute a criminal offence. This includes any material that intimidates or harasses any group based on protected characteristics, or encourages extremism.

c. I will not use UCHS's IT equipment to view, download, create, distribute or

save in any format, inappropriate or abusive material, including but not limited to pornography or depictions of child abuse.

1.4.5. I will perform my duties and conduct my private life in a manner that avoids conflicts of interest

a. I will declare any financial, personal or family (or close intimate relationship) interest in matters of official business which may impact on the work of UCHS

b. I will not be involved in awarding benefits, contracts for goods or services, employment or promotion within UCHS, to any person with whom I have a financial, personal, or family (or close intimate relationship) interests

c. I will seek permission before agreeing to being nominated as a prospective candidate or another official role for any political party

d. I will not accept significant gifts or any remuneration from governments, communities with whom we work, donors, suppliers and other persons which have been offered to me as a result of my employment with UCHS

1.4.6. I will uphold confidentiality

I will exercise due care in all matters of official business, and not disclose any confidential information relating to colleagues, work-related matters or any sensitive information unless legally required to do so

2. Complaints and Reports

2.1. Employees of UCHS are obligated to bring to the attention of the relevant focal person, any potential incident, abuse or concern that they witness/made aware of/suspect, which appears to break the standards contained in this Code. UCHS staff, reporting concerns, is protected.

2.2. Staff members who have a complaint or concern relating to breach of the Code, should report it immediately to focal person. If the staff member does not feel comfortable reporting to focal person (for example if they feel that the report will not be taken seriously, or if that person is implicated in the concern) they may report to any other appropriate staff member (e.g., this could be a Registrar of the University.

2.3. Staff members receiving reports or concerns are obliged to act upon or refer the report immediately, as per the UCHS Complaints Policy and Procedures.

3. Dealing with Safeguarding Reports

3.1. Purpose and Scope

The purpose of this document is to provide procedures for dealing with reports of breach of UCHS Safeguarding Policy, where the safeguarding violation is:

- Against staff or members of the public
- Perpetrated by staff, partners or associated personnel

3.2. Procedures

3.2.1. **How to receive the Report?**

a. Reportscanreachtheorganizationthroughvariousroutes.Thismaybeinastructuredform atsuch as a letter, e-mail, text or message on social media. It may also be in the form of informal discussion or rumour. If a staff member hears something in an informal discussion or chat that they think is a safeguarding concern, they should report this to the appropriate staff member (Dean of Faculty/Principal/Director Medical Education/Director ORIC/Designated Person by Vice Chancellor).

b. If a safeguarding concern is disclosed directly to a member of staff, the person receiving the report should bear the following in mind:

- Listen
- Empathize with the person
- Ask who, when, where, what but not why
- Repeat/check your understanding of the situation
- Report to the appropriate staff member

3.2.2. The person receiving the report should document the following information, using an Incident Report Form:

- Name, Identification and Contact Number of Person making report
- Name(s) of alleged survivor(s) of safeguarding incident(s)-if different from above
- Name(s) of alleged perpetrator(s)
- Description of incident(s)
- Dates(s), times(s) and location(s) of incident
-

3.2.3. The person receiving the report should forward this information to the Safeguarding Focal Point or appropriate staff member within 24 hours.

3.2.4. Associated personnel may include (but is not limited to) consultants, volunteers, contractors, and visitors including journalists, celebrities, and politicians.

3.2.5. Due to the sensitive nature of safeguarding concerns, confidentiality must be maintained during all stages of the reporting process, and information shared on a limited 'need to know' basis only. This includes senior management who might otherwise be appraised of a serious incident.

3.2.6. The staff member will be protected against any negative repercussions as a result of this report.

3.2.7. **How to proceed with the report?**

a. Appoint a Decision Maker for handling this report

b. The Decision Maker should determine if that report needs to be processed?

- Does the reported incident(s) represent a breach of safeguarding policy?

- Is there sufficient information to follow up this report?

3.2.8. If there is insufficient information to follow up the report, and no way to ascertain this information (for example if the person making the report did not leave contact details), the report should be filed.

3.2.9. Clarify what, how and with whom information will be shared relating to this case. Confidentiality should be maintained at all times, and information shared on a need-to-know basis only.

Bond Safeguarding

a. If there isn't a policy for the type of report that has been made, follow these procedures.

b. Check your obligations on informing relevant bodies when you receive a safeguarding report. These include (but are not limited to):

- Funding organizations
- Umbrella bodies/networks
- Statutory bodies

4. Assign Roles and Responsibilities for Case Management

4.1. If not already done so (see above), appoint a Decision Maker for the case. The Decision Maker should be a senior staff member, not implicated or involved in the case.

4.2. If the report alleges a serious safeguarding violation, the focal person may wish to hold a case conference. This should include:

a. Decision Maker

b. Person who received the report

c. Registrar

d. Safeguarding adviser (or equivalent) if there is one

The case conference should decide the next steps to take, including any protection concerns and support needs for the survivor and other stakeholders.

4.3. Provide support to survivor, where needed/requested

4.3.1. Provide appropriate support to survivor(s) of safe guarding incidents. Support could include (but is not limited to)

a. Psychosocial care or counseling

b. Medical assistance

c. Protection or security assistance (for example being moved to a safe location)

4.3.2. Assess any protection or security risks to stakeholders

a. For reports relating to serious incidents: undertake an immediate risk assessment to determine whether there are any current or potential risks to any stakeholders

involved in the case, and develop a mitigation plan if required.

b. Continuetoupdatetheriskassessmentandplanonaregularbasisthroughoutandafterthecaseas required.

4.4. Decide on next steps

4.4.1. The Decision Maker decides the next steps. These could be (but are not limited to)

a. No further action (for example if there is insufficient information to follow up, or the report refers to incidents outside the organization's auspices)

b. Investigation is required together further information

c. Immediate disciplinary action if no further information needed

d. Referral to relevant authorities

4.4.2. If an investigation is required and the organization does not have internal capacity, identify resources to conduct the investigation.

4.2.3. Make decision on outcome of investigation report

a. The Decision Maker makes a decision based on the information provided in the investigation report. Decisions relating to the Subject of Concern should be made in accordance with existing policies and procedures for staff misconduct.

b. If at this or any stage in the process, criminal activity is suspected, the case should be referred to the relevant authorities, like police.

4.2.4. Conclude the case

a. Document all decisions made resulting from the case clearly and confidentially.

b. Store all information relating to the case confidentially, and in accordance with the policy and local data protection law.

5. Summary of the University's Approach to Safeguarding

5.1. <u>Anticipating and Mitigating Risk</u>

This Policy complements and builds upon the Code of Practice on Research Integrity, and notes the responsibility of the Principal Investigator (P.I) to identify and mitigate issues as far as possible.

Safeguarding should be considered throughout a project. This means:

a. Identifying and mitigating the risk of harm for all involved, with particular emphasis on the welfare of vulnerable groups.

b. Developingaprocedureforthehandlingofincidentalfindingsrelatingtothewelfareof participants or third parties.

c. Considering local contexts.

d. Recognizing that issues of bullying and harassment are being dealt under separate policy on that subject, appropriately.

5.2. Due Diligence Process

This is Another mechanism for safeguarding and is about checking of potential funders and partners to ensure their suitability.

5.3. Identifying Reporting Procedures

The University's first duty of care is to the individuals involved.

5.3.1. Within Research Projects

a. When designing a research project, appropriate reporting routes should be identified and agreed by the research team, researcher and relevant colleagues, and approved by the relevantethicscommitteepriortobeginningtheresearch.Dependingonthesizeandscope of the project, especially in relation to collaborative projects, this may involve identifying a named individual as a liaison between the participants and the research team, making details of an independent reporting route available, or working in partnership with the research community to understand their preferred reporting process.

b. Where incidents take place within a partner setting, the partner's Safeguarding policy and reporting procedure should be followed.

5.3.2. Bullying & Harassment

This is handled via separate procedures for staff and students at UCHS.

5.3.3. Misconduct Procedures

Thepolicyandprocedurethroughwhichasafeguardingbreachishandledwilldependon the specifics of the breach. Procedure will, in the case of staff, be handled under the University's Disciplinary Procedure and Policy on Research Misconduct.

5.4. Involving Relevant Individuals

a. The reporting process for a project should include reporting a breach to the appropriate individuals, and the team member(s) responsible for reporting should be identified. The University has a responsibility to report breaches to funders where relevant, and to ensure an accurate procedure is followed and records maintained.

b. *Protection for whistle-blowers*

It is responsibility of University of provide necessary protection to complainant/whistle-blower, who has reported the incidence, considering that one or more of the following actions has or will occur:

- A criminal offence
- Failure to comply with a legal obligation
- A miscarriage of justice
- An act creating risk to health and safety

- An act causing deliberated mage to the environment
- Deliberate concealment of any of the above

The University is committed to fostering a safe environment in which safeguarding breaches can be reported without fear of detriment.

5.5. Guidance on addressing Safeguarding when planning a Research Project

Projects involving human participants, volunteers or fieldworkers have the potential for safeguarding issues to arise.

5.5.1. Guiding Principles

The following principles should be considered when developing a safeguarding approach:

a. Identify and address the risks associated with power imbalances between individuals, especially when related to issues of consent. Remember that variations in size, scope and content of research projects means that each project can raise its own issues when it comes to safeguarding, and the implications of power dynamics within a project should be continually considered and reassessed. When accessing a community through an authority figure or gatekeeper, consider who might be accepted as a representative of the community and how this might affect the research.

b. Pay attention to gender, class, race, sexuality, age, disability, faith, and other dynamics of vulnerability to harm. Be aware of potential risks for all members of the research team, for example the different levels of threat faced by female and male individuals in particular settings.

c. Ensure that the approach is based on victims and survivors, with a commitment to rights and needs. It is good practice to continually review safeguarding mechanisms and approaches throughout the lifetime of a project, particularly following a breach of safeguarding, to identify issues and ensure they remain fit for purpose.

d. Actively consider how cultural sensitivity can be maintained. Take time to fully consider the context in which the work is being conducted prior to applying for ethical approval.

e. Take steps to ensure the work is being conducted in a true partnership – this means committing time and resources to establish, nurture and sustain fair, trustworthy and equitable research partnerships. To ensure an environment of robust safeguarding, all involved must feel secure in raising issues.

f. Abide by the highest relevant set of standards in practice.

5.5.2. Practical Measures

There are a number of steps that can be taken to ensure the above principles are considered and incorporated:

a. It is important to ensure the team includes people with adequate knowledge and

experience, including the PI (Principal Investigator). Ensure members of the research team are qualified to take on the project.

b. Take time to agree a risk management plan, involving representatives of any communities being researched as appropriate. This may lead to the development of agreed codes of conduct and protocols with clear roles and responsibilities.

c. Ensure a robust recruitment process for research assistants.

d. Develop a whistle-blowing procedure to aid in identifying and responding to concerns, with a focus on supportive, confidential and accountable mechanisms.

   - It is good practice to ask communities and participants how they wish to report concerns. There should be clear mechanisms with multiple routes where possible, with at least one clearly independent of the research team. For international research, there should also be a 'safeguarding focal point' individual as a clear line of accountability in country.
   - Acknowledge risks associated with mandatory reporting to authorities to ensure contextually appropriate and safe reporting.

e. Those reporting should be advised of the response and what to expect, and should be kept informed of actions being taken. Opportunity should be provided for them to feed back on the process.

f. Mechanisms for continual review should be identified, particularly in response to incidents/needs.

g. Safeguarding should be budgeted for in proposals.

h. Ensure all involved are aware of the above and trained where relevant.



POLICY ON DISCLOSURE OF MALPRACTICE IN THE WORKPLACE/ RESEARCH PROGRAMMES/ RESEARCH PROJECT

1. Purpose

At University of Child Health Sciences Lahore (UCHS), it is vital that everyone who works for the University maintains the highest standards of conduct, integrity and ethics, and complies with local legislation. If an employee, volunteer, partner, consultant or contract or has any genuine concerns about malpractice in the workplace, University would encourage them to communicate these without fear of reprisals and in the knowledge that they will be **protected from victimization and dismissal**.

This policy does not form part of an employees 'terms and conditions of employment and may be subject to change at the discretion of management.

2. Malpractice includes (but is not limited to) the issues listed below:

- Financial wrong doing including theft, bribery, fraud, money laundering and aid diversion
- A failure to comply with legal obligations
- Sexual misconduct, including sexual abuse, harassment or exploitation (see UCHS Safeguarding Policy)
- Abuse or exploitation of children, vulnerable adults or beneficiaries (see UCHS Safeguarding Policy as above)
- Breach of UCHS safeguarding policy
- Abuse of position
- Danger to the health and safety of individuals or damage to the environment
- Improper conduct or unethical behaviour
- Activity which would bring the organization into serious disrepute
- Thedeliberateconcealmentofinformationrelatingtoanyofthematterslistedabove

2.1. If a complainant has a genuine concern and possesses a reasonable belief that it is in the public interest, even if it is later discovered that he/she was mistaken, under this policy, he/she will not be at risk of losing his/her job or from suffering any form of retribution as a result. This assurance will not be extended to an individual who maliciously raises a matter they know to be untrue or who is involved in any way in the malpractice. Those found to be making false allegations maliciously will have disciplinary action taken against them.

2.2. Malpractice is not a complaint about the performance and behaviour of a work colleague towards complainant.

3. Procedure of Complaint in alleged Malpractice

3.1. If the complainant genuinely believes that the actions of someone who works for UCHS could lead to or has resulted in malpractice, please follow the procedure (mentioned

below). Please note this procedure is not intended to replace UCHS's Grievance Procedures, which continues to be the appropriate way to raise personal issues relating to the specific job or employment.

3.2. The complainant may raise the matter with the concerned manager (Head of Department/Dean of Faculty/Principal/Director ORIC/designated person by Vice Chancellor).

3.3. At the point of raising a concern it would be required for the complainant to share information describing:

- Whether any one is at immediate risk of harm?
- What happened? If possible, make notes of dates, times, places, people.
- Who is involved?
- How do you know about it?
- When he/she noticed it first?
- Has he/she told anybody about it?
- Was any action taken?

3.4. All managers should:

- Report incidents of theft, fraud, or corruption immediately to UCHS authorities
- Report Safeguarding concerns relating to sexual abuse or exploitation of children, vulnerable adults, or beneficiaries to UCHS's Safeguarding lead/focal point
- Report any other incidents of malpractice in the workplace to Registrar Office

3.5. A decision will be made on whether it is appropriate to handle such complaints under this policy. Where not appropriate, the complainant will be informed.

3.6. When matters are reported to the concerned focal person, the relevant applicable policy will be followed. If an investigation is conducted, the outcome may involve taking disciplinary action if misconduct has been proved, which may include dismissal.

3.7. The complainant will be notified once the matter has been resolved, but outcomes are subject to confidentiality and may not be communicated.

3.8. UCHS will take appropriate action, which may end in dismissal, in accordance with the relevant procedure against any employee, volunteer or consultant who:

a. Has been found to be victimizing another individual for using this procedure, or deterring them from reporting genuine concerns under it.

b. Madeadisclosuremaliciouslythatisknowntobeuntrueorwithoutreasonablegroundsforbelieving that the information supplied was accurate.

4. Frequently asked questions

4.1. Can the disclosure be made anonymously?

No

4.2. Who will conduct the investigation?

Normally an independent person from within UCHS will be appointed. On rare occasions, or for complex cases such as safeguarding, external investigation support may be sought.

4.3. What if them atter involves a criminal offence?

The issue may also be reported to the police if a criminal offence, such as fraud or theft, or sexual assault has been committed.

4.4. What if the matter is a complaint about the performance or behaviour of a manager or colleague?

Such complaints will be directed for action to the appropriate HR policy under unless the concerns relate to concerns of sexual misconduct or other forms of malpractice listed in this policy.

POLICY ABOUT COMPLAINTS

1. Policy statement

Receiving feedback and responding to complaints is an important part of improving UCHS's accountability. Ensuring our stakeholders can hold us to account will improve the quality of our work in all areas.

2. Scope

This policy applies to UCHS and is global in its application. A complaint can be made by any supporter, partner organization, community or individual with whom we work, or any member of the public whether an individual, company or other entity, in the Pakistan or anywhere else in the world.

3. Definitions

A complaint is an expression of dissatisfaction about the standards of service, actions or lack of action, by UCHS or its staff and associated personnel. It is a criticism that expects a reply and would like things to be changed. Complaints could include the following (which is not an exhaustive list):

a. Concern from someone we work with about the quality of programme delivery

b. Concern about the behaviour of staff or associated personnel

A complaint has to be about some action for which UCHS is responsible or is within our sphere of influence. A complaint is **not:**

a. A general inquiry about UCHS's work

b. A request for information

c. A contractual dispute

d. A request to amend records e.g. to correct an address, cancel a donation

4. Procedures for making a complaint

A formal complaints mechanism is required for those occasions when an individual or organization wishes to make their complaint a matter of record and to receive a formal response.

4.1. How to make a complaint?

All formal complaints should be made in writing either directly from the individual or organization making the complaint or via someone acting on their behalf.

4.2. Who can make a complaint?

A complaint can be made by:

a. Any supporter

b. Partner organization

c. Community or individual with whom we work

d. Any member of the public whether an individual, company or other entity

4.3. Who is not covered by this policy?

Complaints by staff are governed by UCHS's procedures for dealing with problems in the workplace, and Anti Bullying and Harassment policy. Complaints relating to serious incidents such as fraud and corruption or safeguarding concerns will be dealt with through the relevant policy and procedures.

5. Glossary of Terms

Beneficiary of Assistance

Someone who directly receives goods or services from UCHS's programme. Note that misuse of power can also apply to the wider community that the organization serves, and also can include exploitation by giving the perception of being in a position of power.

Child

Apersonbelowtheageof18

Harm

Psychological, physical and any other infringement of an individual's rights

Psychological harm

Emotional or psychological abuse, including (but not limited to) humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation

Protection from Sexual Exploitation and Abuse (PSEA)

The term used by the humanitarian and development community to refer to the

prevention of sexual exploitation and abuse of affected populations by staff or associated personnel. The term derives from the United Nations Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13)

Safeguarding

Safeguarding means taking all reasonable steps to prevent harm, particularly sexual exploitation, abuse and harassment from occurring; to protect people, especially vulnerable adults and children, from that harm; and to respond appropriately when harm does occur.

This definition draws from our values and principles and shapes our culture. It pays specific attention to preventing and responding to harm from any potential, actual or attempted abuse of power, trust, or vulnerability, especially for sexual purposes.

Safeguarding applies consistently and without exception across our programmes, partners and staff. It requires proactively identifying, preventing and guarding against all risks of harm, exploitation and abuse and having mature, accountable and transparent systems for response, reporting and learning when risks materialize. Those systems must be survivor-centered and also protect those accused until proven guilty.

Safeguardingputsbeneficiariesandaffectedpersonsatthecentreofallwedo.

Sexual abuse

The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual exploitation

The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. This definition incudes human trafficking and modern slavery.

Survivor

The person who has been abused or exploited. The term 'survivor' is often used in preference to 'victim' as it implies strength, resilience and the capacity to survive, however it is the individual's choice how they wish to identify themselves.

At risk adult

Sometimes also referred to as vulnerable adult. A person who is or may be in need of care by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.